



REQUIRED PROFESSIONAL EXPERIENCE VERIFICATION

INSTRUCTIONS: This form must be completed and submitted within 10 business days of termination of supervision or change in time base. Full-time and part-time experience can not be combined on the same form. Any corrections to this form must be stricken and initialed by the supervisor. **Do NOT use white out on this form.** If any sections are not complete, this form will be returned. Do **not** fax this form to the Board, original must be received by the Board office.

THIS SECTION MUST BE COMPLETED BY THE APPLICANT.

1. APPLICANT'S NAME: LAST FIRST MIDDLE		
2. APPLICANT'S ADDRESS OF RECORD:		WOULD YOU LIKE YOUR ADDRESS CHANGED? ____ YES ____ NO
CITY, STATE, ZIP CODE:		PHONE NUMBER: ()
3. SOCIAL SECURITY NUMBER: - -	RPE NUMBER:	DATE OF BIRTH: (MM/DD/YY) / /

THIS SECTION MUST BE COMPLETED BY THE SUPERVISOR.

4. SUPERVISOR'S NAME:		LICENSE NUMBER:
5. SUPERVISOR'S ADDRESS OF RECORD:		
CITY, STATE, ZIP CODE:		
6. NAME AND ADDRESS WHERE EXPERIENCE WAS OBTAINED:		
7. STREET		
8. CITY, STATE, ZIP CODE		PHONE NUMBER: ()
9. APPLICANT'S HOURS PER WEEK:	10. DATES OF EXPERIENCE: (MM/DD/YY) FROM: / / TO: / /	
11. WAS THE APPLICANT EMPLOYED AS A SALARIED EMPLOYEE OF A PUBLIC SCHOOL? YES ____ NO ____		
a. IF YES, WHAT IS THE SCHOOL SCHEDULE: TRADITIONAL ____ YEAR ROUND ____		
YOU MUST ALSO PROVIDE A CALENDAR THAT REFLECTS THE NAME OF SCHOOL OR DISTRICT AND ALL SCHOOL BREAKS AND HOLIDAYS.		

APPLICANT NAME

RPE NUMBER

12. SUPERVISION:

_____ THE RPE WORKED FULL-TIME (30-40 HOURS PER WEEK) AND I PROVIDED EIGHT HOURS A MONTH OF DIRECT SUPERVISION. FOUR OF THE EIGHT HOURS (WERE IN SCREENING, THERAPY, AND EVALUATION).

_____ THE RPE WORKED PART-TIME (15-29 HOURS PER WEEK) AND I PROVIDED FOUR HOURS A MONTH OF DIRECT SUPERVISION. TWO OF THE FOUR HOURS WERE IN SCREENING, THERAPY, AND EVALUATION.

13. PERFORMANCE OF RPE APPLICANT WAS:

SATISFACTORY ☐

UNSATISFACTORY ☐

COMMENTS:

I declare under penalty of perjury under the laws of the State of California that I have discussed the foregoing with the applicant and that the statements made herein are true and correct, and I did not supervise more than two (2) other applicants obtaining their Required Professional Experience (RPE) during the same period of time. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements or omissions of material facts may be cause for denial of this verification, or for suspension or revocation of my license.

DATE

(SUPERVISOR'S SIGNATURE IN BLUE INK)

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.